

MEDICAL RECORD	MINOR PATIENT'S ASSENT TO PARTICIPATE IN A CLINICAL RESEARCH STUDY • Attach to NIH-2514-2, Consent to Participate in a Clinical Research Study
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INSTITUTE: National Eye Institute

STUDY NUMBER: 03-EI-0122

PRINCIPAL
INVESTIGATOR: Robert B. Nussenblatt, M.D.

STUDY TITLE: Evaluation of Immune Responses to Different Antigens in Non-Infectious Ocular Inflammatory Diseases

Continuing Review Approved by the IRB on 08/04/15

Amendment Approved by the IRB on 07/24/14 (G)

Date Posted to Web: 08/05/15

Minor

Why we are doing the study

You are being asked to participate in a research study to help us learn more about your eye disease.

What will happen in this study

We will take some blood from you to study in our laboratory. If we need to take blood from you more than once we will ask you and your parents if you can come for another blood draw. For the blood test, we will place a numbing cream on your arm. Then we will use a needle to take a little bit of blood from a vein in your arm.

What you might not like about this study

It may hurt a little when we stick you with the needle and you may get a bruise (black-and-blue mark). Some people feel dizzy or faint when they have blood drawn.

PATIENT IDENTIFICATION	MINOR PATIENT'S ASSENT TO PARTICIPATE IN A CLINICAL RESEARCH STUDY NIH-2514-2 (10-09) P.A.: 09-25-0099 File in Section 4: Protocol Consent (3)
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Why you might want to participate

This study will not help you get better. It will help us learn more about eye disease, so that we might be able to help other children in the future.

Right Not to Participate/Right to Withdraw

You do not have to take part in this study if you don't want to. If you start the study but don't want to continue, you can stop at any time you want. No one will be angry if you stop.

We will answer any questions about these tests and talk about them with you. If you decide at any time that you want to stop the tests, we will stop as soon as you tell us.

I have had this study explained to me in a way that I understand, and I have had the chance to ask questions. I agree to take part in this study.

Signature of Minor Patient: _____ Date: _____

Print Name: _____

Signature of Investigator: _____ Date: _____

Print Name: _____